

HTE# _____

Harnett County Department of Public Health

Improvement Permit

26348

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: _____ PROPERTY LOCATION: _____
NEW ☐ REPAIR ☐ EXPANSION ☐ SUBDIVISION _____ LOT # _____
Type of Structure: _____ Site Improvements required prior to Construction Authorization Issuance: _____
Proposed Wastewater System Type: _____
Projected Daily Flow: _____ GPD
Number of bedrooms: _____ Number of Occupants: _____ max
Basement ☐ Yes ☐ No
Pump Required: ☐ Yes ☐ No ☐ May be required based on final location and elevations of facilities
Type of Water Supply: ☐ Community ☐ Public ☐ Well Distance from well _____ feet Permit valid for: ☐ Five years
Permit conditions: _____ ☐ No expiration

Authorized State Agent: _____ Date: _____ SEE ATTACHED SITE SKETCH

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: Steve Murphy PROPERTY LOCATION: 1017405421
SUBDIVISION _____ LOT # _____
Facility Type: SFD ☐ New ☐ Expansion ☒ Repair
Basement? ☐ Yes ☐ No Basement Fixtures? ☐ Yes ☐ No
Type of Wastewater System** _____ (Initial) Wastewater Flow: _____ GPD
(See note below, if applicable ☐)

Installation Requirements/Conditions

Septic Tank Size Existing gallons
Pump Tank Size _____ gallons

Number of trenches 1Exact length of each trench Approx 200 feet

Trenches shall be installed on contour at a

Maximum Trench Depth of: 24 inches(Trench bottoms shall be level to $\pm 1/4"$

in all directions)

Trench Spacing: 9 Feet on CenterSoil Cover: 12 inches(Maximum soil cover shall not exceed
36" above the trench bottom)

Pump Requirements: _____ ft. TDH vs. _____ GPM

Aggregate Depth: _____ inches below pipe
_____ inches above pipe

Conditions: If any existing drain lines are found while installing this permit area should be avoided + install permit with pump tank
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. #26349
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.

**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

Owner/Legal Representative Signature: _____ Date: _____

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

SEE ATTACHED SITE SKETCH

Authorized State Agent: [Signature] Date: 5/3/2011Construction Authorization Expiration Date: 5/3/2016

HTE# Attempt to Repair

Permit # 26348

Harnett County Department of Public Health Site Sketch

ISSUED TO: Steve Murphy

PROPERTY LOCATOR: 10174 US 421

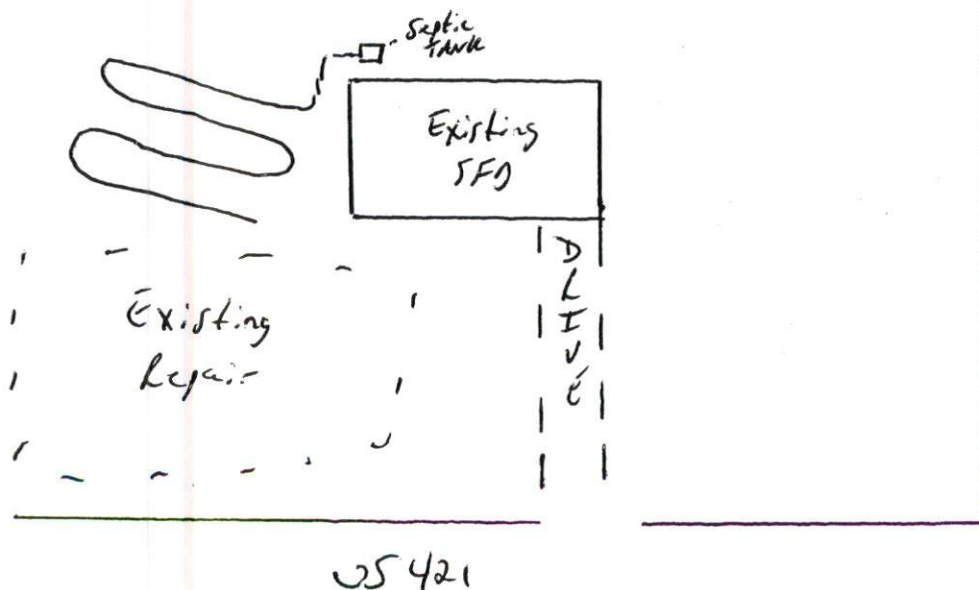
SUBDIVISION

LOT #

Authorized State Agent:

Ray Wilson, RCHS

Date: 5/3/2011



HTE# _____

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NEW ☐ REPAIR ☐ EXPANSION ☐ SUBDIVISION _____ LOT # _____
Type of Structure: _____ Site Improvements required prior to Construction Authorization Issuance: _____
Proposed Wastewater System Type: _____
Projected Daily Flow: _____ GPD
Number of bedrooms: _____ Number of Occupants: _____ max
Basement ☐ Yes ☐ No
Pump Required: ☐ Yes ☐ No ☐ May be required based on final location and elevations of facilities
Type of Water Supply: ☐ Community ☐ Public ☐ Well Distance from well _____ feet Permit valid for: ☐ Five years
Permit conditions: _____ ☐ No expiration

Authorized State Agent: _____ Date: _____ SEE ATTACHED SITE SKETCH
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Construction Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: Steve Murphy PROPERTY LOCATION: 10174 US 421
SUBDIVISION _____ LOT # _____
Facility Type: _____ ☐ New ☐ Expansion ☒ Repair
Basement? ☐ Yes ☐ No Basement Fixtures? ☐ Yes ☐ No
Type of Wastewater System** _____ (Initial) Wastewater Flow: _____ GPD
(See note below, if applicable ☐)

Installation Requirements/Conditions

Septic Tank Size Existing gallons
Pump Tank Size 1000 gallons

Number of trenches 6
Exact length of each trench 75 feet
Trenches shall be installed on contour at a
Maximum Trench Depth of: X inches
(Trench bottoms shall be level to $\pm 1/4"$
in all directions)

Trench Spacing: 9 Feet on Center
Soil Cover: 6 inches min
(Maximum soil cover shall not exceed
36" above the trench bottom)

Pump Requirements: _____ ft. TDH vs. _____ GPM

Conditions: Pits must be dug in area of drain lines to determine depth of ditcher

Aggregate Depth: _____ inches below pipe
_____ inches above pipe
_____ inches total

WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.

**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

Owner/Legal Representative Signature: _____ Date: _____

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SEE ATTACHED SITE SKETCH

Authorized State Agent: Bryan M. Lewis R.E.H. Date: 5/3/2011
Construction Authorization Expiration Date: 5/3/2016

HTE# Attempt to Repair

Permit # 26349

Harnett County Department of Public Health
Site Sketch

ISSUED TO: Steve Murphy PROPERTY LOCATION: 10174 US 421
SUBDIVISION _____ LOT # _____

Authorized State Agent: Bryan McSwain, R.E.H.T. Date: 5/3/2011

* Drain Field
should not be parked
or driven on

